Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084
248.209.2522 Fax

Early On® Oakland Consent to Evaluate

Child's Name:	Birthdate:
Parent(s)/Guardian Name:	

An evaluation is needed to learn whether or not your child qualifies for support or services through Early On®. During the evaluation information about your child's strengths, needs, health and development will be requested. You, your child's doctor and others who know about your child's growth and development may be asked to give information. The information that is gathered from you or others is kept confidential. As part of your child's evaluation, the following developmental areas will be assessed:

- Fine Motor
- Gross Motor
- Communication
- Health
- Adaptive/Self-Help
- Cognition
- Social-Emotional
- Vision
- Hearing

Please check all that apply:

- ❑ Early On® Part C Evaluation
- ❑ Michigan Special Education Evaluation
- ❑ Initial Evaluation
- ❑ Re-evaluation

Prior Written Notice

Early On® is proposing to conduct an evaluation to determine if your child is eligible for Early On® supports and services. Reason why the eligibility evaluation is proposed by Early On®:_____

_____

_____

Family Rights/Procedural Safeguards
A copy of Early On® Michigan Family Rights brochure is available at:
https://www.michigan.gov/documents/mde/Early_On_Procedural_Safeguards_Protecting_Families_Rights_623570_7.pdf
You may request a copy of this document and/or ask for assistance in understanding your Family Rights by contacting your Early On® representative listed at the bottom of this form.

(If applicable) Documentation of Language/Mode of Communication
Prior Written Notice information has been translated orally or by other means to the parent in the parent's native language or other mode of communication and the parent has indicated understanding of this notice. Method used to communicated this information:_____

Please complete the following section:

❑ I consent to the evaluation of my child.

Yes No I understand this consent form.

Yes No I understand this consent is voluntary and may be withdrawn at any time.

OR

❑ I do not give consent for an evaluation of my child at this time. I understand that my child will not be evaluated for eligibility. I further understand that without consent and evaluation, an IFSP (Individualized Family Service Plan) will not be developed and Early On® services will not be available.

Parent(s)/Guardian Signature:	Date:
Parent(s)/Guardian Signature:	Date:
Early On® Representative:	Date: